

Date order received	Signature
Date sent to Distributor	VFC PROVIDER CODE

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.					DATE	
DELIVERY ADDRESS (Number and Street--No P.O. Boxes)			CITY		ZIP CODE	<input type="checkbox"/> CHECK HERE IF THIS IS A NEW ADDRESS
DELIVERY: Please specify all days and times you may receive vaccine	DAY AND TIME		DAY AND TIME		DAY AND TIME	
	<input type="checkbox"/> Monday _____	<input type="checkbox"/> Tuesday _____	<input type="checkbox"/> Wednesday _____	<input type="checkbox"/> Thursday _____	<input type="checkbox"/> Friday _____	

CONTACT PERSON	TELEPHONE	FAX

VACCINES AND VFC FORMS	Number of Doses	VACCINE INVENTORY				
	(VFC Only) Used	Number of Doses	Vaccine	Vaccine	Vaccine Shipped	New
	Since Last Order	(VFC Only)	Lot	Expiration	in Vials/Units of the	Vaccine
	Enter "0" If None	On-Hand	Number	Date	Following Sizes	Order

DT					10 doses	doses
DTaP					10 doses	doses
DTaP-Hepatitis B-IPV (Pediarix™)					10 doses	doses
Hepatitis B-Pediatric					10 doses	doses
Hib					5 doses	doses
IPV					10 doses	doses
MCV4 (Menactra™) Meningococcal Conjugate*					5 doses	doses
MMR					10 doses	doses
PCV7 (Prevnar™) Pneumococcal Conjugate					5 doses	doses
Td					10 doses	doses
Vaccine Administration Visit Records (VAVRs)					25 sheets/pack	packs
Official Lifetime Hawaii Immunization Record Cards					50 cards/pack	packs
VFC Business Reply Labels					25 labels/pack	packs

Hepatitis A-Pediatric*					1 dose	doses
Influenza-With Preservative					10 doses	doses
Influenza-Preservative Free*					10 doses	doses
MPSV4 (Menomune™)*					1 dose	doses
Pneumococcal Polysaccharide*					5 doses	doses
Varicella*					10 doses	doses

2. Submit order form using **ONE** of the following options (otherwise you may receive a duplicate order):

MAIL: P.O. Box 3378
Honolulu, HI 96801

* See reverse side for vaccine comments

* *Comments for specific vaccines:*

Hepatitis A-Pediatric: Children aged 2 to 18 years who meet one of the following conditions:

Travelers to countries that have high or intermediate endemicity; men who have sex with men; drug users; persons with clotting factor disorders; persons with chronic liver disease; persons living in communities with Hepatitis A outbreaks.

Influenza-Preservative Free: Children aged 6 to 35 months

MCV4: Children aged 11 - 18 years

MPSV4: Children aged 2 to 18 years who meet one of the following conditions:

Travelers to countries in which *N. Meningitidis* is hyperendemic; with terminal complement deficiencies and those with anatomic or functional asplenia; who are infected with HIV; college freshmen who live in dormitories. (MPSV4 is recommended for use in persons aged 2-10 years and MCV4 is recommended for persons aged 11 years and older, although the use of MPSV4 is also acceptable.)

Pneumococcal Polysaccharide: Children 2-18 years who have functional or anatomical asplenia, immunocompromising illness or medications, chronic illness (not including asthma), who are Alaskan Native or American Indian, or who have received a bone marrow transplant

Varicella: FROZEN; shipped directly from Merck